

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4703	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  05/21/2012
NAME OF PROVIDER OR SUPPLIER  SUMMIT VIEW OF FARRAGUT, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 12823 KINGSTON PIKE KNOXVILLE, TN 37923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.  This Rule is not met as evidenced by: Based on observation, the facility failed to assure the condition of the physical plant and the overall Nursing Home environment is maintained to ensure the safety and well-being of the residents and staff. The findings include: 1. Observation on May 21, 2012 at 6:18 a.m. revealed damage of the gypsum board on the overhang to the outside of the building near the staff parking area. 2. Observation on May 21, 2012 at 5:55 a.m. revealed the installed drop ceiling tracking in the kitchen dish room has a heavy build up of rust and dirt.  These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 21, 2012.	N 831	Gypsum board replaced on overhang. Damaged ceiling framing in the dietary department replaced with new material. Total building check completed to ensure no other damaged or worn areas were present by Maintenance Supervisor. Areas replaced/repared as necessary during building check.  All residents have the potential to be effected.  Maintenance supervisor will perform spot checks on all ceiling grids and overhangs in the building on a daily basis and replace immediately if damaged or worn. In-service conducted on notification of damaged or worn materials by RN Staff educator to all staff.  Maintenance director to bring all data and information to monthly meeting and track and trend results for future improvement.	6/1/12	
N 902	1200-8-6-.09(2) Life Safety  (2) The nursing home shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written	N 902			

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 3

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N 902	Continued From page 1  report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information.  Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.  This Rule is not met as evidenced by: Based on observation, the facility failed to ensure fire protection is assured by the elimination of fire hazards. The findings include: Observation on May 21, 2012 at 6:00 a.m. revealed six (6) of six (6) kitchen cutting boards wrapped with plastic were stored within one inch (1 ") of the electric rotating toaster oven while in use.  This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 21, 2012.	N 902	Cutting boards removed immediately from non-compliant location By Dietary staff member.  All residents have the potential to be effected.  Kitchen Supervisor and Dietary Manager will monitor for Hazardous conditions in the kitchen and correct situations And staff as necessary to ensure safety in the kitchen Dietary staff in-serviced on proper placement of items around toasters and other potentially hazardous machinery by Dietary Manager.  Dietary Manager will bring results of any witnessed hazardous Situations to the monthly safety meeting for follow up and QA purposes.	6/5/12	
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.	N1410			

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FORM APPROVED

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N1410	<p>Continued From page 2</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to assure all Emergency Preparedness drills are exercised annually. The findings include: 1. Observation on May 21, 2012 at 8:25 a.m. revealed no Flood drill exercise in the past twelve (12) months. 2. Observation on May 21, 2012 at 8:25 a.m. revealed no Earthquake drill exercise in the past twelve (12) months.</p> <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 21, 2012.</p>	N1410	<p>Earthquake drill performed on 6/1/2012 by Maintenance Supervisor Flood drill performed on 6/1/2012 by Maintenance Supervisor All residents have the potential to be effected by the deficient practice</p> <p>Flood and Earthquake drills will be performed yearly by Maintenance Supervisor.</p> <p>Maintenance Supervisor will provide confirmation that Flood and Earthquake drills performed will be ensured in the Monthly Safety Committee meeting</p>	6/5/12	